

09AUG65M4

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S) 29966574			
Status CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
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13							63		
14							64		
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37							87		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	9	8	9	8	9	8	TOTAL IND.	8	
TOTAL DEP.	12	12	12	12	12	12	TOTAL DEP.	12	
TOTAL CLAIMS	21	21	21	21	21	21	TOTAL CLAIMS	21	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy